



Denise Juneau, Superintendent
Office of Public Instruction
Accreditation Division
PO Box 202501
Helena MT 59620-2501

AUTHORIZED SIGNATURES AND CHECKLIST 2009-2010 School Year

DUE DATES:

To County Superintendent: Tuesday 10/27/2009

**To Office of Public Instruction, Accreditation Division:
Tuesday 11/03/2009**

County _____

District _____

Your work is very
important for
reporting about
and funding
Montana Schools!

School
Principal



District
Office



County
Superintendent



OPI
Staff



Office of Public Education
School Accreditation
School Improvement
School Funding
Federal Programs & Funding
OPI Web Site (Public Data)

Electronic Filers: Please check to confirm that all reports are completed, and submitted electronically to the Office of Public Instruction by the above dates. Print a copy and forward ORIGINAL to the County Superintendent.

- ☐ Organization Setup (one per school)
- ☐ Personnel Assignments
 - ☐ District Level Report (one per district)
 - ☐ School Level Report (one per school)
- ☐ Accreditation Data Report (one per school)
- ☐ PIR and School Start and End Dates (one per school)
- ☐ Alternative Education Programs (one per school)
- ☐ Indian Education Report (one per school)
- ☐ Personnel Recruitment Report (one per district)
- ☐ Technology Use Report (one per school)
- ☐ Technology District Report (one per district)
- ☐ Distance Learning Report (one per district)
- ☐ Testing Coordinators (one per district)
- ☐ Dual Enrollment Opportunities (one per district)
- ☐ Homeless Liaison (one per district)
- ☐ Reviewed Preliminary Accreditation Report after submit (electronic filers only)
- ☐ Enclose a copy of your school calendar and master schedule(s) with this signature page.

Authorized Signatures

District Signature

I verify to the best of my ability that the information reported for the district's Annual Data Collection is complete and accurate. I retained a copy.

Signature _____

Printed Name _____

Date _____

Check One: ☐ Superintendent ☐ Board Chair, if no Superintendent or Principal
☐ Principal, no Superintendent

County Superintendent Signature

I verify that the Annual Data Collection was submitted to me. I retained a copy and forwarded the

ORIGINAL to the Office of Public Instruction.

Signature _____

Printed Name _____

Date _____